

TO/TI/40
104 U.S. PTO

04-12-01

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Approved for use through 10/31/2002 OMB 0651-0032
U.S. Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	AGECOM 8
First Inventor	HOGAN, Thomas
Title	Method for Automatically Developing a Strategic Agribusiness Plan
Express Mail Label No.	EF381632082US

JC929 U.S. PTO
09/03/2001
04/11/01**APPLICATION ELEMENTS**

See MPEP chapter 600 concerning utility patent application contents.

- Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original and a duplicate for fee processing)
- Applicant claims small entity status.
See 37 CFR 1.27.
- Specification [Total Pages **30**]
(preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
- Drawing(s) (35 U.S.C. 113) [Total Sheets **4**]
- Oath or Declaration [Total Pages **1**]
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR 1.63 (d))
(for continuation/divisional with Box 18 completed)
 - i. **DELETION OF INVENTOR(S)**
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
- Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission *(if applicable, all necessary)*
 - a. Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. CD-ROM or CD-R (2 copies); or
 - ii. paper
 - c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of *(when there is an assignee)* Attorney
11. English Translation Document *(if applicable)*
12. Information Disclosure Statement (IDS)/PTO-1449 Copies of IDS Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503) *(Should be specifically itemized)*
15. Certified Copy of Priority Document(s) *(if foreign priority is claimed)*
16. Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. Other:

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No. _____ / _____

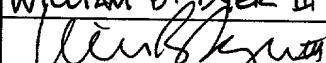
Prior application information. Examiner _____

Group Art Unit. _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	(Insert Customer No. or Attach bar code label here)			or	<input checked="" type="checkbox"/> Correspondence address below
Name	WILLIAM B. DYER III, PC				
Address	263 SKYLAND DR				
City	ROSWELL	State	GA	Zip Code	30075
Country	US	Telephone	770 998 3238	Fax	770 998 8391

Name (Print/Type)	WILLIAM B. DYER III	Registration No. (Attorney/Agent)	41,725	
Signature			Date	4/10/01

Burden Hour Statement. This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Practitioner's Docket No.: AGECOM8

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Thomas HOGAN

Application No.: Unassigned

Group No.: Unassigned

Filed: April 11, 2001

Examiner: Unassigned

For: Method for Automatically Developing a Strategic Agribusiness Plan

**Assistant Commissioner for Patents
Washington, D.C. 20231**

CERTIFICATE OF MAILING UNDER 37 C.F.R. 1.8(a)

I hereby certify that the attached correspondence comprising:

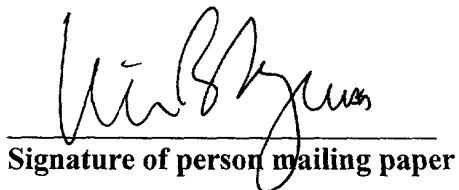
1. New Non-provisional patent application in the name of Thomas Hogan (30 pages including 16 claims and Abstract; 4 sheets of Informal Drawings), said patent application indicating inventors' SMALL ENTITY STATUS.
2. Signed Declaration and Power of Attorney for inventor HOGAN
3. Application Fee transmittal
4. Utility Patent Application transmittal
5. Check for \$355

Is being deposited with the United States Postal Service, with sufficient postage, as Express Mail No. EF381632082US in an envelope addressed to:

Assistant Commissioner for Patents
Washington, DC 20231

On April 11, 2001.

William B. Dyer III



Signature of person mailing paper

(Certificate of Mailing under 37 CFR 1.8(a)---page 1 of 1)

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision

TOTAL AMOUNT OF PAYMENT (\$ 355)

Complete if Known

Application Number	N.Y.A.
Filing Date	April 11, 2001
First Named Inventor	HOGAN, THOMAS
Examiner Name	N.Y.A.
Group Art Unit	N.Y.A.
Attorney Docket No.	AGECOM 8

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:

Deposit Account Number	
Deposit Account Name	

Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

Applicant claims small entity status. See 37 CFR 1.27

2. Payment Enclosed:

Check Credit card Money Order Other

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Description	Fee Paid
Fee Code (\$)	Fee Code (\$)	Fee Description	
105	130	205 65 Surcharge - late filing fee or oath	
127	50	227 25 Surcharge - late provisional filing fee or cover sheet	
139	130	139 130 Non-English specification	
147	2,520	147 2,520 For filing a request for ex parte reexamination	
112	920*	112 920* Requesting publication of SIR prior to Examiner action	
113	1,840*	113 1,840* Requesting publication of SIR after Examiner action	
115	110	215 55 Extension for reply within first month	
116	390	216 195 Extension for reply within second month	
117	890	217 445 Extension for reply within third month	
118	1,390	218 695 Extension for reply within fourth month	
128	1,890	228 945 Extension for reply within fifth month	
119	310	219 155 Notice of Appeal	
120	310	220 155 Filing a brief in support of an appeal	
121	270	221 135 Request for oral hearing	
138	1,510	138 1,510 Petition to institute a public use proceeding	
140	110	240 55 Petition to revive - unavoidable	
141	1,240	241 620 Petition to revive - unintentional	
142	1,240	242 620 Utility issue fee (or reissue)	
143	440	243 220 Design issue fee	
144	600	244 300 Plant issue fee	
122	130	122 130 Petitions to the Commissioner	
123	50	123 50 Processing fee under 37 CFR 1.17(q)	
126	180	126 180 Submission of Information Disclosure Stmt	
581	40	581 40 Recording each patent assignment per property (times number of properties)	
146	710	246 355 Filing a submission after final rejection (37 CFR § 1.129(a))	
149	710	249 355 For each additional invention to be examined (37 CFR § 1.129(b))	
179	710	279 355 Request for Continued Examination (RCE)	
169	900	169 900 Request for expedited examination of a design application	
Other fee (specify) _____			

SUBTOTAL (1) (\$ 355)

2. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
16	-20** =	X =	0
3	-3** =	X =	0
Multiple Dependent			0

Large Entity Small Entity

Fee Code (\$)	Fee Code (\$)	Fee Description
103	18	203 9 Claims in excess of 20
102	80	202 40 Independent claims in excess of 3
104	270	204 135 Multiple dependent claim, if not paid
109	80	209 40 ** Reissue independent claims over original patent
110	18	210 9 ** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) (\$ 0)

*or number previously paid, if greater; For Reissues, see above

*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$ 0)

SUBMITTED BY

Complete if applicable

Name (Print/Type)	WILLIAM B. BAKER III	Registration No. (Attorney/Agent)	41,725	Telephone	710 998 3238
Signature	William B. Baker III			Date	4/10/01

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

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